



**MEDICAL LEAVE (ML)
STUDENT SUCCESS PLAN**

Student Name: _____ Pronouns: _____

Date: _____

Term for which you are requesting return from ML: _____/_____

SECTION 1: Student Goals

Think of three goals for four areas of life: personal, social, academic, and housing. For each goal, think of a strategy for achieving it. For each area of life, think about situations and triggers that may be an obstacle to avoid in achieving your goals.

Goals begin on next page.

Deadlines for Return from ML
All information and documentation must be submitted to the Student Success Center *six weeks prior* to start of semester in which student seeks to return.

PERSONAL <i>May include health, family, friends, relationships, etc.</i>	
Goal 1	
<i>Strategy</i>	
Goal 2	
<i>Strategy</i>	
Goal 3	
<i>Strategy</i>	
<u>Situations/Triggers to Avoid</u>	

SOCIAL	
Goal 1	
<i>Strategy</i>	
Goal 2	
<i>Strategy</i>	
Goal 3	
<i>Strategy</i>	
<u>Situations/Triggers to Avoid</u>	

ACADEMIC <i>May be attendance, grades, study habits, turning in work, etc.</i>	
Goal 1	
<i>Strategy</i>	
Goal 2	
<i>Strategy</i>	
Goal 3	
<i>Strategy</i>	
<u>Situations/Triggers to Avoid</u>	

HOUSING <i>May be living situations, roommates, cleaning, etc.</i>	
Goal 1	
<i>Strategy</i>	
Goal 2	
<i>Strategy</i>	
Goal 3	
<i>Strategy</i>	
<u>Situations/Triggers to Avoid</u>	

SECTION 2: Tools for Success

On and off-campus support is vital for all students, and particularly after an ML. What mechanisms and supports have you already implemented, or will you commit to implement so that your transition back to school is successful? Check the support options below that you plan to utilize upon your return from ML. We also encourage you to visit the Student Success Center (<https://ranken.edu/current-students/student-services-resources/student-success-department/>) and the Counseling Center (<https://ranken.edu/current-students/student-services-resources/counseling/>) to explore additional resources available to you.

Medical/Mental Health Support			
<input type="checkbox"/> Specialized Medical Care Provider: _____ <i>I will follow all recommendations and schedule appointments when needed.</i>			
Appt. Date/Time	Appt. Date/Time	Appt. Date/Time	Appt. Date/Time
<input type="checkbox"/> Medication(s) Prescribing Physician: _____ <i>I will take medications as prescribed and get refills in a timely manner.</i>			
Appt. Date/Time	Appt. Date/Time	Appt. Date/Time	Appt. Date/Time
<input type="checkbox"/> Intensive Outpatient Program Facility: _____ Start Date: ____/____/____ <i>I will regularly attend and complete assignments.</i>			

Ranken Counseling Center

Counselor: _____

I will follow all recommendations and schedule appointments when needed.

Appt. Date/Time	Appt. Date/Time	Appt. Date/Time	Appt. Date/Time

Other Mental Health Provider

Provider: _____

I will follow all recommendations and schedule appointments when needed.

Appt. Date/Time	Appt. Date/Time	Appt. Date/Time	Appt. Date/Time

Substance Abuse Support

12 Step Meetings

At least _____ per week.

Mentor/Sponsor

Obtain by _____

Call _____ times per week and/or meet _____ times per week.

Urine Drug Screen

_____ Random (go to lab within 24 hours of request)

_____ Routine (go to lab at _____ intervals without being reminded)

Wellbeing Support

Recreation Center

I will go to the Recreation Center at least _____ per week.

Activities: _____

Activities that Support Wellbeing

At least _____ times per week, I will engage in the following activities to support my wellbeing:

- Reading
- Spending time with family and/or friends
- Volunteer work
- Meditation
- Listening to music
- Creating art
- Spending time outside
- Watching television or movies
- Other: _____

Academic Support

Student Success Center

I will meet with my Success Advisor _____ times per month.

I will attend tutoring _____ times per month.

Notes: _____

Career Services

Notes: _____

Library

Notes: _____

Other School-Specific Supports

Notes: _____

SECTION 3: Reality and Accountability Planning

Returning to campus life can be much more difficult than expected. In the event that challenges arise with physical and/or mental health, negative or self-destructive thoughts, failure to follow this Success Plan, return to old behavior, or use of alcohol or other drugs, I will immediately reach out to the following family, friends and/or staff/faculty members as part of my support team. I understand I will also meet with a Success Advisor from the Student Success Center to discuss this plan and for ongoing supportive follow up.

Note: It is important that you notify these people that you have listed as part of your support team.

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

Student Signature: _____

Date: ____/____/____